

## MEETING SUMMARY

### MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE

June 6, 2007

#### Members Present:

John Harper	Daphne Walker-Thoth	Clif Johnson	Cheryl Gardine
Michael Dean	Diana Harris	Sylvia Persky	Crystal Robinson
Becky Ehlers	Eleanor Ward	Sandy Hentges	
Robin Hammond	Stacy Braiuca	Dan Clark	
Linda Scott	Charles Megerman	Steve Doherty	

#### Members Absent:

Ben Bruening	Kim Dude	Keith Spare	Marilyn Gibson
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#### Regional Advisory Council Chairpersons Present:

Mike Carter	Becky Markt	Tony Pickrell
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#### Division/Department Staff:

Barbara Keehn	Teresa Robbins	Angie Stuckenschneider	Bianca Arrington-Madison
Edwin Cooper	Joe Davidson	Joellyn Becker	Kathleen Mims
Chris Knigge	Mary Henry	Jonathan Smith	Amanda Baker
Christina Oliver	Scott Breedlove	Chuck Daugherty	Rosie Anderson-Harper
Rita McElhaney			

#### Guests:

Brenda Schell	Alicia Ozenberger	Connie Berhorst
Maurice Filson	Christine Owens	

AGENDA	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	<p>Robin Hammond, SAC Chair, called the meeting to order and introductions were made. Two new members were in attendance, Crystal Robinson and Linda Scott. Minutes from the April meeting were reviewed. A motion was made by Clif Johnson to approve them as written and Steve Doherty seconded the motion, which passed.</p>	
ADA Division Report	<p>Mark Stringer addressed the meeting via conference call. The most significant legislation for ADA this session was in regards to the medicaid reform bill. CSTAR services were clearly carved out of the language of the bill at the outset. Mark noted that there was a rush in the final hours to cut the bill down in length which resulted in definitions being deleted. It will be up to Department of Social Services to provide definitions. This is not problematic for ADA as we know that DHSS has no intention of changing the way we contract for managed care services.</p> <p>Regarding budget issues a 4% provider cost of living allowance passed and Opportunities to Succeed programs were funded for Department of Corrections' high risk offenders in St. Louis and Kansas City. There was also money appropriated to enhance Adolescent CSTAR programs with co-occurring services. We plan to add 3 items: (1) physicians' and ideally psychiatrists' services and (2) psychotherapy offered by licensed mental health professionals. The Certification Board is working on a new credential for licensed mental health professionals whose expertise is treating co-occurring disorders. The third (3) item is providing funds for medication for non-medicaid clients. We will solicit proposals from existing adolescent programs demonstrating how they would utilize the funds.</p> <p>There was no increase for prevention other than prevention providers receiving the cost of living adjustment. State employees will receive a cost of living increase of 3%.</p> <p>The strategic plan is almost complete. The 4 principles haven't changed: creating Centers of Excellence, workforce development, proving our value, and achieving treatment on demand. Additionally we want to link our Centers of Excellence to broader healthcare systems. Mark will soon be sharing the Strategic Plan via email with SAC members.</p> <p>They are as follows, not listed by priority:</p> <ul style="list-style-type: none"> <li>• Another provider cost of living increase (this will be a Department wide item)</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Healthcare technology- will work with CPS toward maintaining our client records electronically as healthcare centers were funded to do</li> <li>• Increase number of SPIRIT school sites and/or increase dollars associated with them. May link this with school based mental health services of CPS.</li> <li>• ATR- 2<sup>nd</sup> round, for which we have applied. If we are receive funding we will plan immediately for the grant's end by asking for only a portion of the funds each year.</li> <li>• Funding for women's CSTAR. Barbara Keehn is working with Division of Children's Services on a federal grant proposal that would create an infrastructure to assist children of families with drug-related issues. This would likely be run as a pilot project in 2 or 3 counties involving a network of agencies to prevent out of home placement or shorten durations that families must be separated. Budget-wise we would go for enhanced women's services or increase the number of existing programs to serve this population.</li> <li>• Older adult service line, also being developed in the rest of the department. Services will and should be different for this population.</li> <li>• Offender re-entry item- achieve better linkage between the prisons and our programs</li> <li>• Disease Management Program- identify chronic relapsers (estimated at 100-200 clients statewide) and use this approach with them, which may include medication assisted treatment among other modalities. This should result in less Emergency Room visits and also limit other costs.</li> </ul> <p>Mark intends to work with staff and the Advisory Council to develop these items. Only the provider cost of living increase (cola) and SPIRIT address prevention needs, so he would particularly welcome input in that area. Sylvia Persky commented that the Southwest Missouri area would like to see a prevention program tailored to children, particularly young females, who have been removed from their home because of family's substance abuse issues. There is no prevention targeting this high-risk population. Other state agencies would willingly cooperate with the Division to provide "selected prevention" to this population. Robin Hammond noted St. Joseph had a grant specifically for that purpose, but it recently ended. There is a possibility the grant we are seeking to enhance CSTAR programs could address this issue.</p>	

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	<p>Mark was asked if there were any “off- the- record” revelations from Carol Coley or Peggy Quigg at the Tan Tar A meeting. The fact is, as long as the war continues no new federal initiatives are anticipated. There has been speculation regarding carry-over not being allowed due to funds being allocated elsewhere. Another concern is how information gathered from informal networking can be shared with the Support Centers. The example given was the Mentoring Grant and how vital it is to plan in advance to go after a grant. We do share minutes which include formal information exchanges but there is no process for communicating information derived in an informal setting.</p> <p>The feds feel Missouri is doing a good job; we’re 9<sup>th</sup> in the nation in receiving federal discretionary funds. They were particularly pleased with our implementation of the initial Access To Recovery grant. We are hoping that positions us well for the 2<sup>nd</sup> round of the grant, although nothing is certain.</p>	
Regional Advisory Council Reports	<p>Diana Harris reported as representative for the RACS. The RACs would like a summary of what is discussed in Treatment and Prevention Committees of SAC. The RACs would also like copies of SAC minutes for their meetings, but, due to timing, they aren’t always available. Additionally RAC would like more state representation at their meetings.</p> <p>They feel they aren’t getting feedback on the issues they have submitted to SAC. It is felt that having ADA staff present at meetings may assist the RACS in formulating specific recommendations to take to the SAC. It was also suggested that RAC reports include, if possible, a list of attendees so that SAC can see the continuity of attendance and interests of the participants.</p> <p><b>CRAC:</b> Becky Markt, Chairperson, noted that their membership is prevention oriented; they would like more treatment information. One question is how evaluations of treatment providers are managed. They are planning to have their Area Treatment Coordinator attend the next meeting to answer treatment related questions. They will be undertaking a membership drive soon. Town Hall meetings have been held in their area to raise awareness.</p> <p><b>ERAC:</b> Diana Harris noted Eastern RAC discussed items that could be included in budget recommendations: co-occurring disorders, modified medical detox, need for ongoing prevention training to address prevention staff</p>	<p>Diana Harris made a motion recommending that Area Treatment Coordinators attend RAC meetings on a regular basis and that District Administrators also be a part of RAC for purposes of consultation and recommendation. Charles Megerman provided a second and motion carried.</p>

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	<p>turnovers; advocacy issues including diverting a percentage of CPS funds to ADA clients with co-occurring disorders both in the community and in correctional treatment. No services are currently funded for this growing population. ERAC is working with the National Guard and YMCA on Youth Rally set for July 17<sup>th</sup>. Diana's term as ERAC Chairperson concludes at the end of June and she has applied to become an Eastern region SAC Consumer representative.</p> <p><b>NWRAC:</b> Mary Henry represented the Northwest RAC since they do not have a RAC chairperson. They are in member recruitment mode; intending to meet again in June. Mary commented that their meetings have been rather negative of late. There was some discussion regarding assisting RACs with their struggling membership. After discussion of several ideas the SAC requested that the District Administrators should work closely with the group. The SAC did not want to identify a timeline for this recommendation since scheduling will have to be arranged. It is felt that with the District Administrator's involvement the RAC focus can be improved.</p> <p><b>SERAC:</b> Tony Pickrell noted the Southeast RAC focus has been setting up an Oxford House. Jacquie Lockett of ADA spoke to the group on this topic. So far it hasn't come together, but they continue to look at prospective properties to house both women and men in Poplar Bluff. At their last meeting they had 11 guests and 6 new member applications. They welcome more ADA staff participation at upcoming meetings and would appreciate more information about Housing Resources.</p> <p><b>SWRAC:</b> Mike Carter, Southwest RAC chair, commented they too will appreciate ADA staff attending their meetings and providing technical assistance. They are also in recruiting mode. They are encouraging prospective RAC members by apprising them it's their best forum to get interests heard in Jeff City as well as getting updates on what is happening at the State level.</p>	
SPF SIG Report	<p>Chris Owens presented a SIG update with an accompanying handout. All SIG plans will be revised; seven coalitions are charged with making revisions prior to moving ahead. There was such a limited time in which to prepare the plans that this is not unexpected. One of the seven is ready to move ahead now with program implementation, the other six are progressing. Chuck Daugherty is assisting the coalitions with identifying which programs would best address the causal factors they have identified.</p>	

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	<p>The role of the Epidemiological Workgroup is summarized on Chris' handout. The Epidemiology Workgroup is developing a framework for a "Learning Community" around substance abuse and prevention data. This will be available on the web and will have different types of reports at varying levels. Everyone is welcome to attend both the Epidemiology Workgroup Meeting as well as the SPF SIG Governor's Advisory Meeting; both will be held on July 24, 2007.</p> <p>The Governor's Advisory Committee is working on state goals. These were developed a year ago and are under review to ensure they still fit.</p>	
<p><b>Treatment and Prevention Workgroups</b></p>	<p><b>Prevention Workgroup</b> came up with 5 priorities it will be addressing: Legislative, Training, Communication, Recommendations, and Collaborations. An overall vision of State Prevention is going to be defined by Chris Owens with the assistance of Chuck Daugherty and others. Prevention has identified training needs to include: workforce development, prevention for older adults and prevention's role in drug courts.</p> <p><b>Treatment Workgroup</b> would like an overview on housing from Jacquie Lockett and the DMH Housing team. It was also suggested that the Housing Team present at Spring Training Institute as they have in the past. Other issues addressed were modified medical detox and methadone clients in residential treatment programs. Teresa Robbins noted that removing the barrier to methadone in residential programs is on the list of discussion items with CSTARS and she anticipates barriers being removed, but not overnight. Also discussed was having a RAC Chair representative and the SAC Chair on the ADA budget committee. They also requested that an abstract of the ATR II bid be put on the DMH-ADA website.</p> <p>Treatment Group action items included: a recommendation that a 9<sup>th</sup> item be added to the strategic plan to include access of psychiatric services for PR + clients. They would also like a discussion on prior availability of funds to pay for meds for PR + clients and where that money has gone.</p> <p>Both workgroups discussed wanting to have input on budget recommendations.</p>	<p>Teresa to provide an "Action/Discussion" format account of both Treatment and Prevention Committees. These reports should also be shared electronically with the RACs.</p>
<p><b>Certification Board</b></p>	<p>Scott Breedlove presented the Certification Board report. The board is working in conjunction with ADA to finalize the criteria for the new Prevention Credential. The plan should be finalized in June and will consist of a multi-tiered credentialing process for prevention professionals.</p>	

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	<p>The IC &amp; RC has two new levels of co-occurring credentials. MSACCB intends to apply for these credentials in April 2008. July 1<sup>st</sup> is the deadline for applications for the Registered Substance Abuse Professional (RSAP) credential that replaces the Qualified Substance Abuse Professional (QSAP) designation. In July the Board will spend time looking at all currently offered credentials and the requirements for each. The application packages will be rewritten to make them more user friendly.</p> <p>Additionally a conference call assessing training needs will occur the first part of July with participation from various agencies including, among others, Division of Alcohol and Drug Abuse and the Missouri Institute of Mental Health.</p> <p>When the last written exam was held 22 out of 26 passed the exam. This is an 85% pass rate which now exceeds the national pass rate of 71%.</p>	
MRN Update	<p>This will be sent out in electronic form soon entitled Capitol Report #18 and will cover the final actions of the Legislative Session. The highlights for ADA have already been discussed; not surprisingly the excise tax on alcohol failed.</p>	
Spring Training Institute	<p>Positive comments were shared regarding the event as a whole and on specific speakers. Bianca Arrington-Madison, ADA Training Coordinator, would appreciate any feedback SAC members could share regarding the conference. Discussion ensued regarding the possibility that the Division could reimburse provider staff to attend the conference. It was noted that this is a very inexpensive training and that the opportunity to get a number of Continuing Education Units is very beneficial to providers. Various factors would make it difficult to put the conference on over a weekend when less revenue would be lost to an agency. As it is the conference has almost outgrown the physical capabilities of TanTar a. Traditionally the prevention workshops have not been well-attended; this year they were held in small rooms but prevention attendance was large. The conference planned for next year will plan for larger prevention professional participation.</p> <p>Discussion ensued regarding scheduling a regular SAC meeting one evening of next year's Spring Training Institute instead of a lunchtime meeting with a guest speaker. It was agreed that it was beneficial to have speakers from the federal government at this year's Institute. Development of a SAC luncheon at Spring Training Institute will be developed as encouraged by the SAC. This special luncheon meeting would not replace any of the other scheduled SAC</p>	<p>A motion was made by Dan Clark and seconded by Diana Harris to have a speaker luncheon at Spring Training Institute again next year. Motion carried. Arrangements will be made for a speaker to present at next year's luncheon.</p>

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	meetings.	
Miscellaneous & New Business	<p><b>Addressing RAC Requests:</b> One frequent request is for more prevention workforce training. The Division will provide training to providers. There is also some information under “Training” on the MSACCB website. Act Missouri is preparing their new training calendar, however they are basically charged only with providing technical assistance to registered coalitions and providers. CADCA and the National Guard can provide training for coalition building and strengthening. MIMH is very interested in multiplying the availability of these trainings by filming them and creating DVDs of the training.</p> <p>The Northwest and Southeast areas would like more information on the Strategic Plan Framework. They are lining up speakers to address that topic. The Southwest area wants more information regarding youth in possession pertaining to legal issues and the court process. It was suggested that they get in touch with law enforcement to learn more about these issues. Informing youth of consequences could be coalition work.</p>	<p>RACs are asked to make specific requests for regional training to the SAC for coordination. The SAC may want to recommend that training be provided to the entire state.</p> <p>ADA Prevention staff can identify available training resources for dissemination to the RAC's.</p>
SAC Membership Update	Teresa Robbins presented an updated membership chart which was distributed. With two new members joining from the Southeast region 3 openings for consumers remain. Diana Harris who has served as RAC chair will now become an Eastern Region Consumer member and the RAC chairs will need to elect a new RAC chairperson to become a new SAC member.	Diana Harris to be appointed to the SAC, as her RAC chairmanship ends in June 2007.
SAC Schedule and ADA Budget Recommendations	<p>Also discussed was scheduling 2 days for SAC. Mark Stringer had commented the only time there should be a need for a two-day SAC meeting would be in the Spring for budget planning. He also noted that email and conference calls would be more practical for discussing most issues. No SAC scheduling changes will be recommended at this time pending input from the SAC Executive Committee pending the need for SAC time to review the budget. Mark wants SAC to determine how they would like to be involved in developing new budget decisions. Mark has 8 things he would like to consider as new line items on the Fiscal Year '09 budget.</p> <p>Following some discussion Stacy Braiuca was chosen to be SAC budget representative. She will participate in SAC Executive Committee conference calls. Further duties involving budget recommendations and exchanges with the Division Exec Team's Budget Committee will be determined. Stacy Braiuca and Dan Clark will be designated to focus on budgetary issues with the</p>	Get a timeline for the budget process so that SAC can get an accurate picture of the procedure. Stacy Braiuca will be provided with Executive Committee Conference Call schedule.



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	support of the SAC Executive Committee. These issues will be reported back to the entire SAC for consideration and final recommendations.	
Adjournment	Meeting was adjourned. Next SAC: Wednesday August 1, 2007.	